

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Kentucky **Filings Made During the Year 2017**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	2	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	xxx	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	xxx	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	KY EO	EO	xxx	3/1	Company	See "B" page 3
	13	Actuarial Opinion Summary	KY EO	N/A	xxx	3/15	Company	See "B" page 3
	14	Bail Bond Supplement	xxx	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	xxx	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	xxx	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	xxx	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	xxx	EO	xxx	4/1	NAIC	
	21	Long-Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	
	22	Management Discussion & Analysis	KY EO	EO	xxx	4/1	Company	See "B" page 3
	23	Medicare Part D Coverage Supplement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	
	25	Premiums Attributed to Protected Cells Exhibit	xxx	EO	xxx	3/1	NAIC	
	26	Reinsurance Summary Supplemental	xxx	EO	xxx	3/1	NAIC	
	27	Reinsurance Attestation Supplement	xxx	EO	xxx	3/1	Company	
	28	Exceptions to Reinsurance Attestation Supplement	KY EO	N/A	xxx	3/1	Company	See "B" page 3
	29	Risk-Based Capital Report	KY EO	EO	xxx	3/1	NAIC	See "B" page 3
	30	Schedule SIS	KY EO	N/A	N/A	3/1	NAIC	See "B" page 3
	31	Supplement A to Schedule T	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Supplemental Compensation Exhibit	KYEO	N/A	N/A	3/1	NAIC	See "B" page 3
	33	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	xxx	EO	xxx	4/1	NAIC	
	34	Supplemental Health Care Exhibit's Allocation Report Supplement	xxx	EO	xxx	4/1	NAIC	
	35	Supplemental Investment Risk Interrogatories	KY EO	EO	xxx	4/1	NAIC	
	36	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	xxx	EO	xxx	3/1	NAIC	
	37	Trusteed Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	xxx	EO	xxx		Company	
	89	Relief from the one-year cooling off period for independent CPA	xxx	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	xxx	EO	xxx	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	xxx	0	xxx		State	
	102	Certificate of Deposit	xxx	0	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	xxx	0	xxx		State	
	104	Form B & C-Holding Company Registration Statement	1	0	0	4/1	Company	
	105	Form F-Enterprise Risk Report ***	1	0			Company	
	106	ORSA ****	1	0			Company	
	107	Premium Tax	See "D" page 3	0	See "D" page 3		State	See "D" page 3
	108	State Filing Fees	1	0	1	3/1	State	
	109	Signed Jurat	1	0	1*	3/1, 5/15, 8/15, 11/15	NAIC	*annually only for foreign companies
	110	Detail Listing of Securities Held Under Safekeeping (Form 143)	1	0	1	3/1, 5/15, 8/15, 11/15	State	*required for foreign companies if deposit held in KY
	111	Affidavit Covering Finance Committee	1	0	0	3/1, 5/15, 8/15, 11/15	State	
	113	Schedule of Miscellaneous Investments (Form 460 and 470)	1	0	0	3/1, 5/15, 8/15, 11/15	State	
	114	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	1	0	0	3/1	State	
	115	Direct Business Page (State Page)	KY EO	1	0	3/1	NAIC	
	116	Direct Economic Impact of KY Captive During Current Reporting Year (Form CI-150) Captive RRGs Only	KY EO	0	0	3/1	State	

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

****For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. Consistent with the Form B filing requirements, the ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	<p>Required Filings Contact Person:</p> <p>Kentucky Department of Insurance Financial Standards and Examination Division 215 West Main Street, P.O. Box 517 Frankfort, KY 40601 Phone Number: 502-564-6082 Division e-mail: DOI.FinancialStandardsMail@ky.gov</p>	<p>Contacts: Primary: Susan Perkins Susan.Perkins@ky.gov Secondary: Rodney Hugle Rodney.Hugle@ky.gov</p> <p>Phone Number: 502-564-6082</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>
	B	<p>Mailing Address for KY ELECTRONIC, Hand or Overnight delivery:</p> <p>Kentucky Department of Insurance 215 West Main St. Frankfort, KY 40601 <u>Attn.</u> Financial Standards & Examination Division</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>	<p>Mailing Address for Regular Mail:</p> <p>Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 <u>Attn.</u> Financial Standards & Examination Division</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>
	C	<p>Mailing Address for Filing Fees: RENEWAL FEES PAID ONLINE</p> <p>To pay online, click on Eservices on the DOI website (http://insurance.ky.gov/). Your Annual Statement contact person should have the appropriate “USERNAME” and “PASSWORD” to process the payment.</p>	<ul style="list-style-type: none"> • Renewal fees paid online. • Other fees mailed to the address above.
	D	<p>Mailing Address for Premium Tax Payments: (see below)</p> <p>Premium tax forms can be accessed on the Dept. of Revenue’s website (http://revenue.ky.gov/forms) <i>Click on “Current Year Forms.”</i></p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <p>NOTE: Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.</p> </div>	<p>Post Office Box: Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR Physical Address: Department of Revenue 501 High Street Frankfort, KY 40601</p> <p>Phone Number: 502-564-4810</p>
	E	<p>Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES</p>	<p>ALL filings must be postmarked no later than the indicated due date, regardless of the due date falling on a weekend or holiday.</p>
	F	<p>Late Filings: FINES FOR LATE FILINGS</p>	<p>Companies will be fined \$100 per day for ALL late filings, even in situations where a request for extension has been received in writing and approved. For all late filings received WITHOUT extension approval, and additional civil penalty of \$1,000 may be assessed.</p>
	G	<p>Original Signatures: REQUIRED FOR DOMESTIC COMPANIES</p>	<p>Original signatures are required on ALL filings from domestic companies.</p>

			Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
	H	Signature/Notarization/Certification: REQUIRED BY KENTUCKY STATUTE	Per KRS 304.3-240(1) -shall be verified by oaths of a least two (2) of the insurers' principal officers.
	I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies , amended items must be filed within ten (10) days of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
	J	Exceptions from normal filings:	<p>Domestic companies should apply for an exemption or extension at least thirty (30) days prior to the filing due date.</p> <p>Foreign companies MUST supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.</p>
	K	Bar Codes (State or NAIC): REFER TO http://insurance.ky.gov/	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	L	Signed Jurat:	Kentucky REQUIRES Foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.
	M	NONE Filings: REFER TO http://insurance.ky.gov/	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	N	Filings new, discontinued or modified materially since last year:	For ALL companies , please see "Note P" and "Note Q" below. Domestics , please refer to "Note R."
	O	Notification of Adverse Financial Condition	<p>Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant's report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA):</p> <p>Sandra Batts, EWA Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517</p>
	P	Kentucky Annual Filing Instructions:	For additional instructions, please see the attached Kentucky Annual Filing

		REFER TO http://insurance.ky.gov/	Instructions listed on the Kentucky Department of Insurance website. The instructions should appear directly above the NAIC checklists provided for each type of entity.
	Q	Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website: Website address http://insurance.ky.gov/	All companies should refer to the Kentucky Department of Insurance website under " <i>Company Info</i> " to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application. Please be advised: <ul style="list-style-type: none"> *the Form 12 – deals with changes to the Service of Process *the Form 14 – deals with address and contact changes *Biographical affidavits should ONLY be submitted for NEW Presidents
	R	Actuarial Opinion Summary: REQUIRED FROM DOMESTICS	All domestic companies are required to file the Actuarial Opinion Summary. Only one (1) copy of the summary is needed and stamp the envelope "confidential."
	S	Direct Economic Impact of Kentucky Captive During Current Reporting Year (Form CI-150): FOR "DOMESTIC" RISK RETENTION GROUPS ONLY	Note S pertains to domestic risk retention groups.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending its own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "X" in this column when mailing information to the state.

Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk-Based Capital.PDF Filing** is the .pdf file for risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental.PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement Electronic Filing** includes the complete quarterly statement data.

The **Quarterly Statement.PDF Filing** is the .pdf file for quarterly statement data.

The **Combined Annual Statement Electronic Filing** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The **Combined Annual Statement.PDF Filing** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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